

Adolescent VMMC Counseling and Communication: A Multi-Country Qualitative and Quantitative Assessment

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Objectives

- Understand client-level facilitators and barriers to seeking VMMC, including parents and peer perspective
- Evaluate perceived quality of VMMC counseling and services
- Assess delivery of the minimum package of services
- Determine the provider's perspective of working with adolescents
- Assess post-counseling changes in knowledge and behavioral outcomes

Rationale for the Study

- ❑ Little known about quality health service delivery to boys and young men
- ❑ Reproductive health and HIV prevention services – traditionally targeting women
- ❑ Quality VMMC – opportunity to engage young males in a lifetime of preventive activities



Putting Evidence to Practice

Goal: to gain better understanding of whether VMMC programs adequately meet adolescent needs in age-appropriate ways by exploring counseling, communication and client-provider interaction

- Focus on in-service communication and counseling
- South Africa, Zimbabwe, Tanzania
- Does not address clinical aspects of service delivery



Methods: Facility Sites

- **South Africa (4 sites):**

KwaMashu Clinic (MATCH), Umkhanyakude Clinic (SACTAWU), Orange Farm Clinic (CHAPS), Ermelo VMMC Clinic (Right to Care)

- **Zimbabwe (6 sites):**

Bulawayo Lobengula, Bulawayo Eye Clinic, Mutare Provincial Hospital, Harare 138 Nelson Mandela, Mt Darwin District Hospital, Harare Spilhaus

- **Tanzania (4 sites):**

Mbeya Referral Hospital, Mafinga Hospital, Tosamaganga Hospital, Makambako Hospital

Methods: Ethical Review

□ Ethical approval obtained:

- Johns Hopkins Bloomberg School of Public Health Institutional Review Board
- Human Sciences Research Council in South Africa
- Medical Research Council of Zimbabwe
- Tanzania National Institute for Medical Research



Methods: Qualitative

In-depth interviews (IDIs)

Focus group discussions (FGDs)

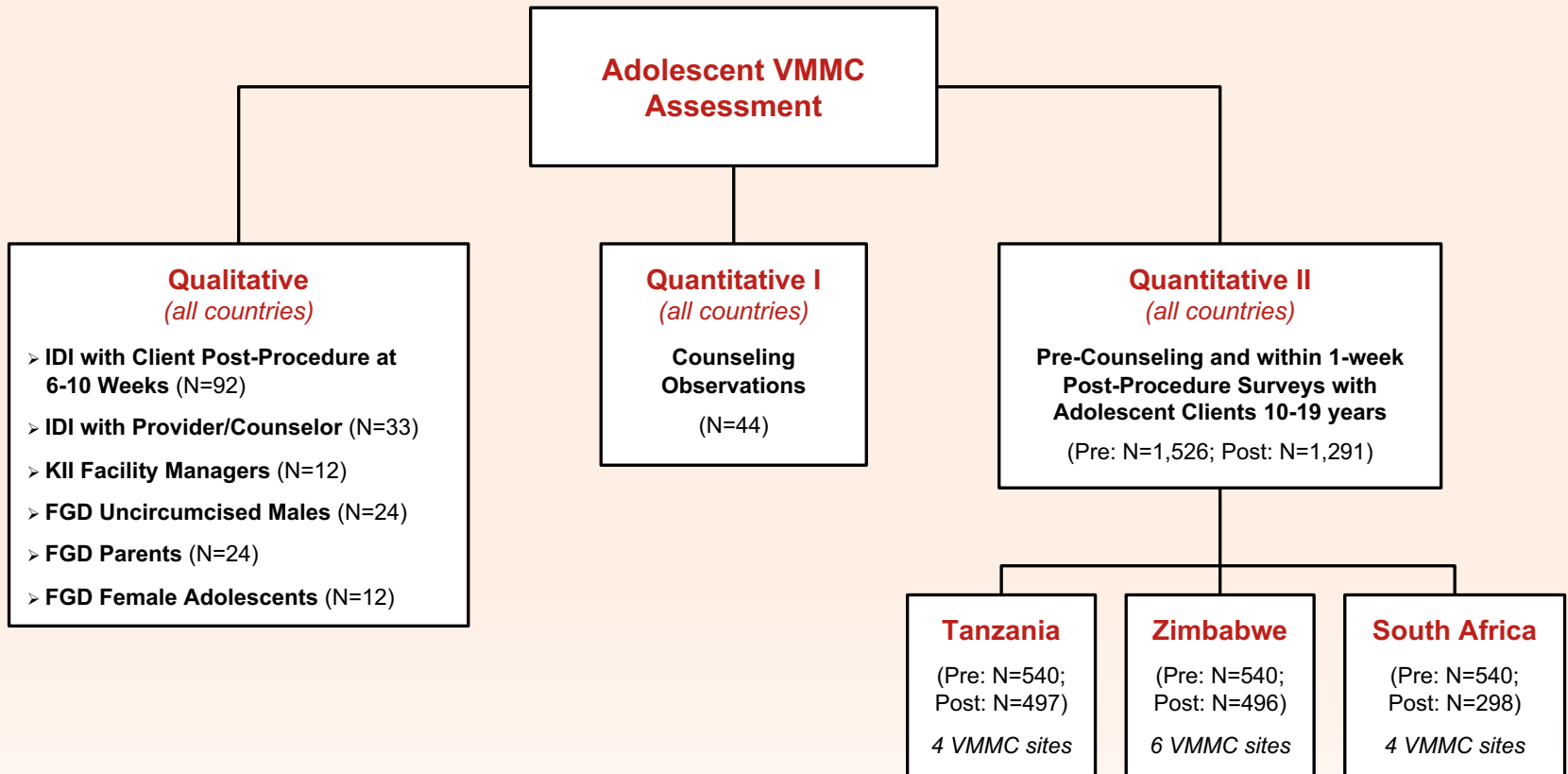
Key informant interviews (KII)

- ❑ Thematic codebook developed closely with TAG
- ❑ Interviews audio recorded, transcribed, and translated into English for coding and analysis.
- ❑ Two coders independently coded data using two-step process and Atlas.ti qualitative coding software with minimum 85% agreement.
- ❑ Data Collection:
 - *South Africa:* February 2015 to June 2016
 - *Zimbabwe:* August 2015 to December 2015
 - *Tanzania:* June 2015 to September 2015

Methods: Quantitative

- ❑ **Pre-procedure survey:** Adolescent males seeking VMMC services were interviewed at service provision site before receiving any counseling
- ❑ **Post-procedure survey:** Follow-up interview conducted within 48 hours to one-week after VMMC
- ❑ **Counseling observation checklists:** Sample of counseling sessions were video or audio recorded and analyzed using a checklist
- ❑ **Data Collection:**
 - *South Africa:* February 2016 to September 2016
 - *Zimbabwe:* February 2016 to September 2016
 - *Tanzania:* January 2016 to March 2016

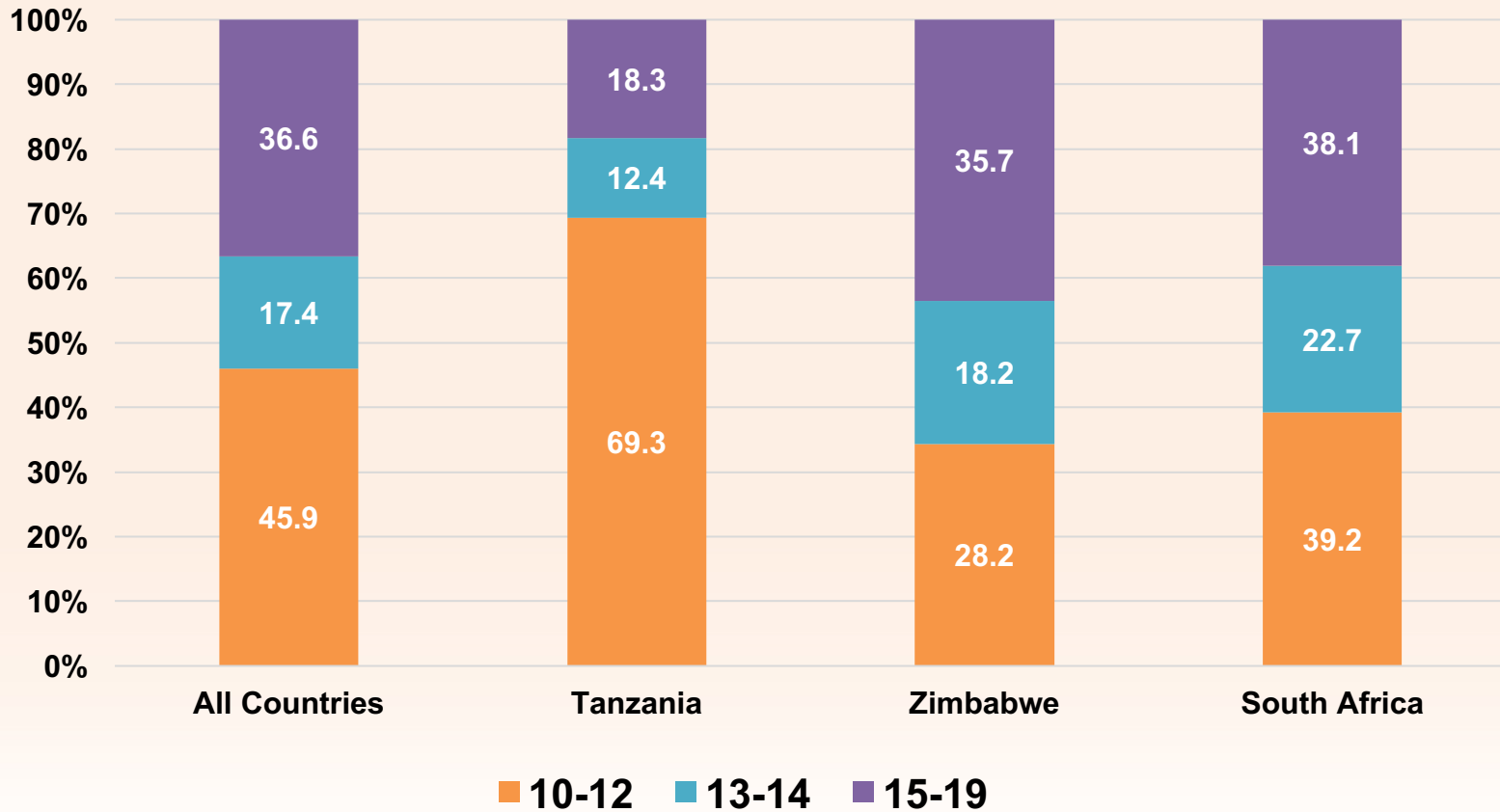
Methods



Sites were primarily permanent health facilities (>95%)

Demographics: Quantitative

Age Distribution



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HEALTH COMMUNICATION CAPACITY COLLABORATIVE

CLIENT-LEVEL FACILITATORS AND BARRIERS TO SEEKING VMMC



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Barriers and facilitators (*Qualitative and Quantitative*)

- ❑ Adolescents reported transportation costs, parents' schedules, and taking time off school as major barriers to VMMC.
- ❑ Younger adolescents who had parents or guardians accompany them to VMMC reported little to no barriers.
- ❑ Community mobilizers, teachers, and other family members serve as effective facilitator between parents and their children.
- ❑ Regardless of age, most common concern for those seeking VMMC was worries about **pain** from procedure and/or injection. Followed by length of post-procedure **healing time**

Qualitative: Peer pressure

- ❑ VMMC decision heavily influenced by peer pressure.
- ❑ Majority did so because friends recommended and said it was not painful.
- ❑ Also had encouragement from male peers in forwarding information they learned:
 - Reduction in HIV
 - Hygiene
 - Prevention of cervical cancer in female partners



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Qualitative: Peer pressure

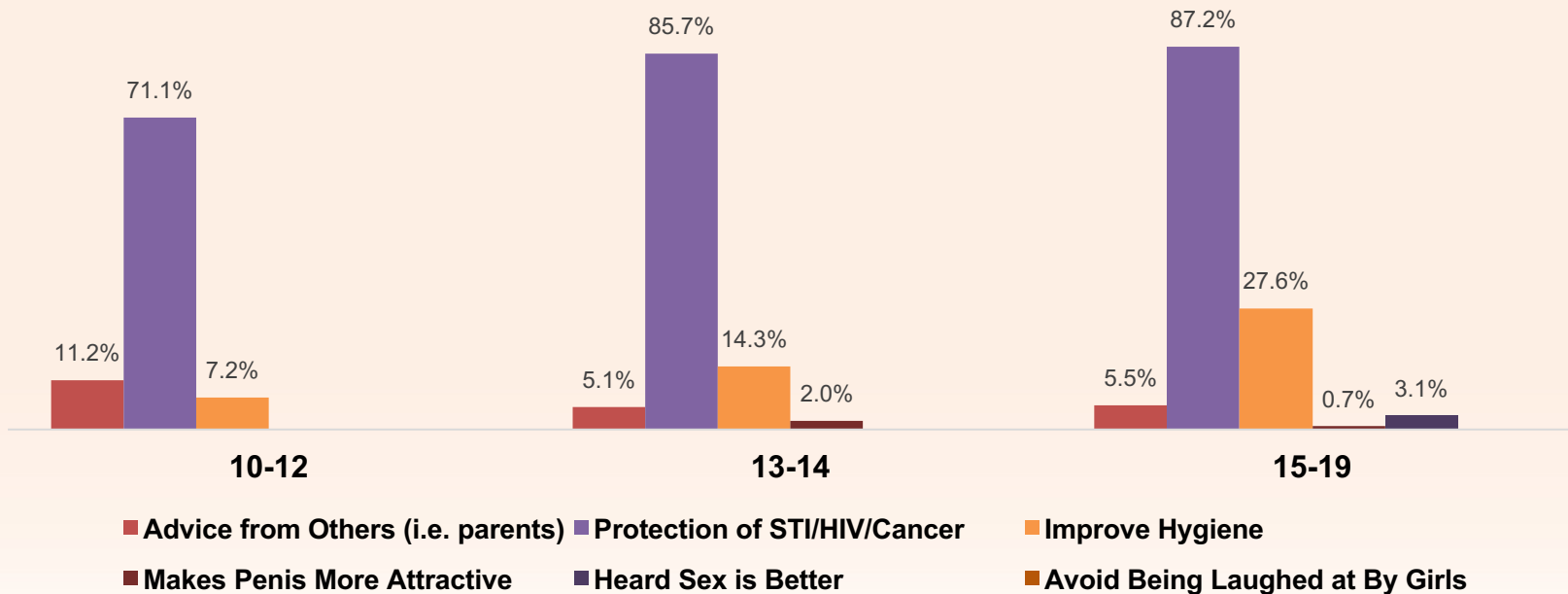
They asked me if it was not painful and I told them that it was not painful. I told them that the injection was the only painful bit. They said, 'Boy, you shouldn't lie to us'. Then I asked one of them, 'Are you circumcised yourself and he said he wasn't. I then told him that he should go for circumcision and they asked me how getting circumcised helps.

-13 years old, Mutare, Zimbabwe



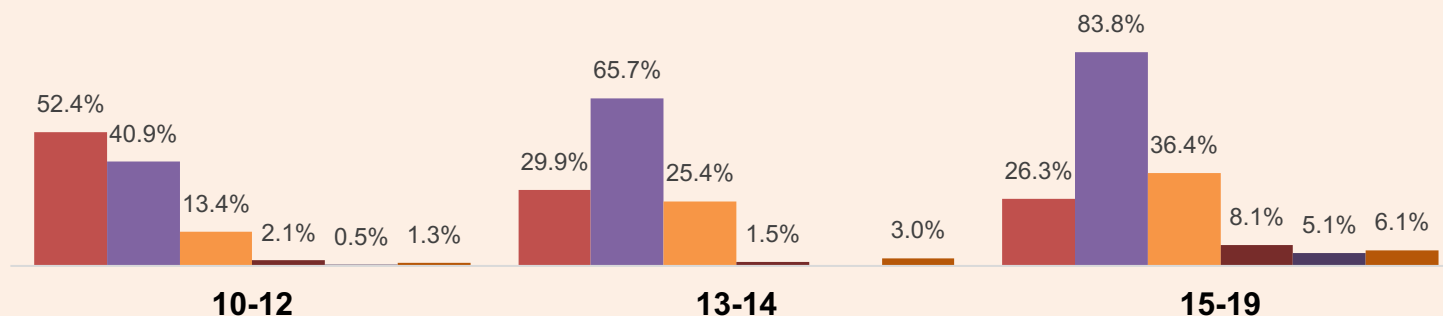
Prevention of HIV/STI acquisition and penile cancer played a key role

Zimbabwe

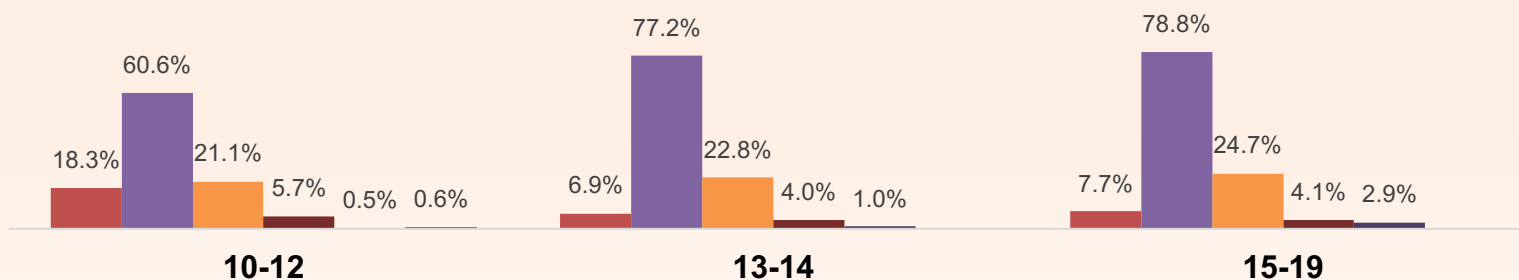


10-12 year olds are reliant on advice from others

Tanzania



South Africa



- Advice from Others (i.e. parents)
- Protection of STI/HIV/Cancer
- Improve Hygiene
- Makes Penis More Attractive
- Heard Sex is Better
- Avoid Being Laughed at By Girls

Desire for Male Circumcision

- ❑ Desire for MC was high across all countries and age groups (median score: 10/10).
- ❑ However, 10-12 year olds more likely to report a score <7 than 15-19 year olds in Tanzania (6.4% vs. 0.0%) and South Africa (21.7% vs. 12.9%).

Qualitative: Despite desire for VMMC, some adolescents need parent's approval

- ❑ Young adolescents report that undergoing VMMC is their parents' decision.
- ❑ Parents confirmed that while children have strong desire to be circumcised, they are the main barrier. In South Africa, a few parents noted that while they approved, their children refused due to fear.

Summary

- ❖ Adolescents first learn about VMMC from a variety of sources including their parents, schools, and CHW/VMMC mobilizers.
- ❖ Parents and peers play a critical role in facilitating VMMC
- ❖ Most adolescent boys attending a service provision site are eager to be circumcised.
- ❖ Alleviating fears about pain may be key to increasing uptake among this population.



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PERCEIVED QUALITY OF VMMC COUNSELING AND SERVICES



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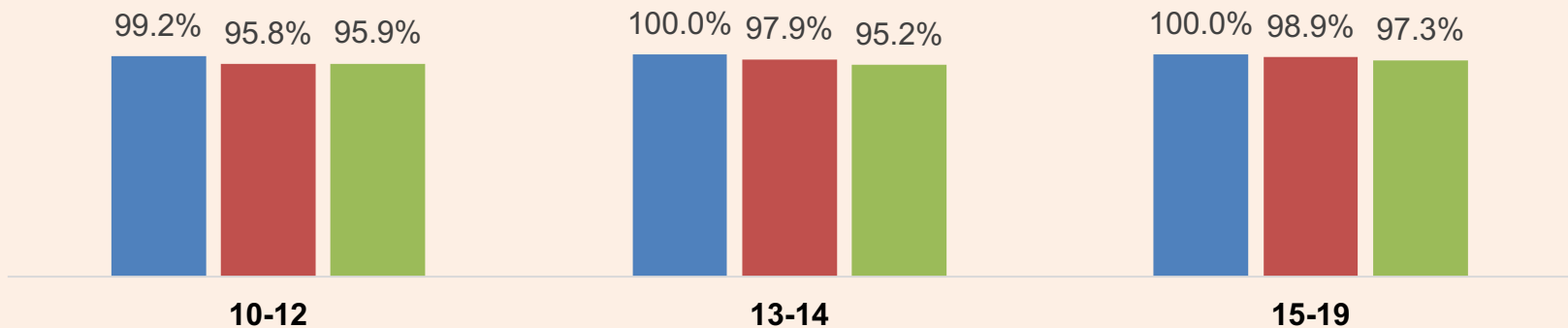
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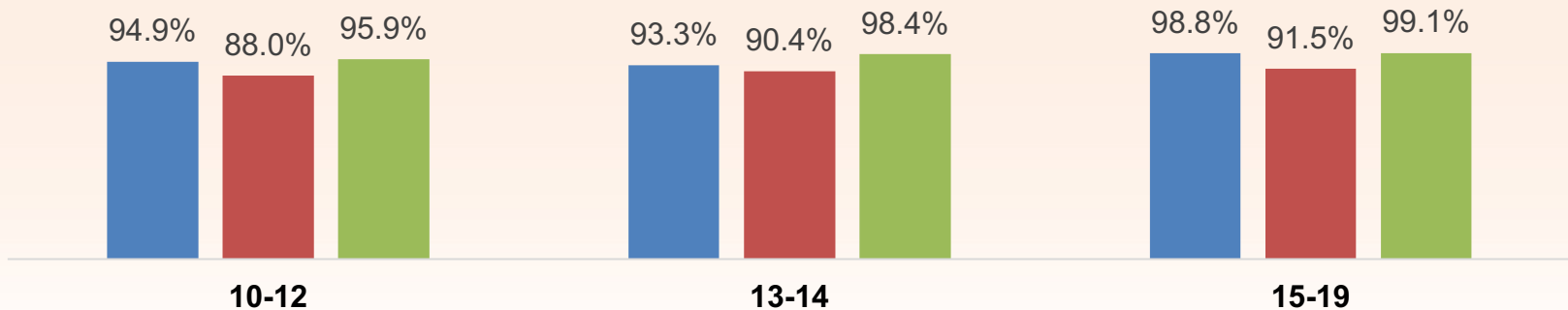
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Perceived Quality of VMMC Experience

Satisfied with Overall Circumcision Experience



Likely to Recommend Other Males of Same Age to Get Circumcised at a Clinic



■ Tanzania ■ Zimbabwe ■ South Africa



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“All the information he [the counselor] gave me is important to me and to my life...because the counseling he gave me was very good, and he saved me from a lot of risks...for instance I did not know how to use a condom and he instructed me how to use it. I have also known that it helps in preventing some diseases.”

-19 year old male, Mbeya, Tanzania



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Perceived Quality of VMMC Experience

- A majority of adolescents in all countries felt that they were provided with the “right amount of information”
- Most adolescents perceived the counselor to be attentive
- Felt respected by counselor across all age groups
- Had sufficient time to ask questions across all age groups
- Trusted counselor to keep shared information confidential was lower among 13-14 year olds compared to other age groups

Summary (Perceived Quality)

- Adolescents were very satisfied with the counseling including perceiving the counselor to be attentive and feeling respected by the counselor
- Most adolescents felt they received the right amount of information. Some adolescents felt they received too much information
- Parents believed counseling content should vary with age of the boys

EVALUATION OF MINIMUM PACKAGE OF SERVICES (Self-Report)



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Limited HIV Prevention and Testing Information Provided (Qualitative)

- ❑ Younger adolescents reported not receiving condoms or condom demonstrations and were primarily told to abstain from sex compared to older adolescents.
- ❑ Younger male adolescents stated that limited information was provided to them about HIV prevention and care.
- ❑ While VMMC protocols require opt-out HIV testing, some adolescents discussed having blood taken without knowing the purpose, not receiving their test results, nor completely understanding link between VMMC and HIV.
- ❑ Most boys interviewed assumed they had tested negative because they were subsequently circumcised.

“They just took my blood sample but they didn’t tell me what it was for.” – 10 year old male, Iringa, Tanzania



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“You can’t really be instilling that and emphasizing about condoms and STI’s [for 10-12 year olds]...Most of them haven’t...okay they do have erections already but you haven’t got an idea of what’s going on, so you just tell them about UTI’s, that’s all.”

– VMMC counselor, Ermelo, South Africa



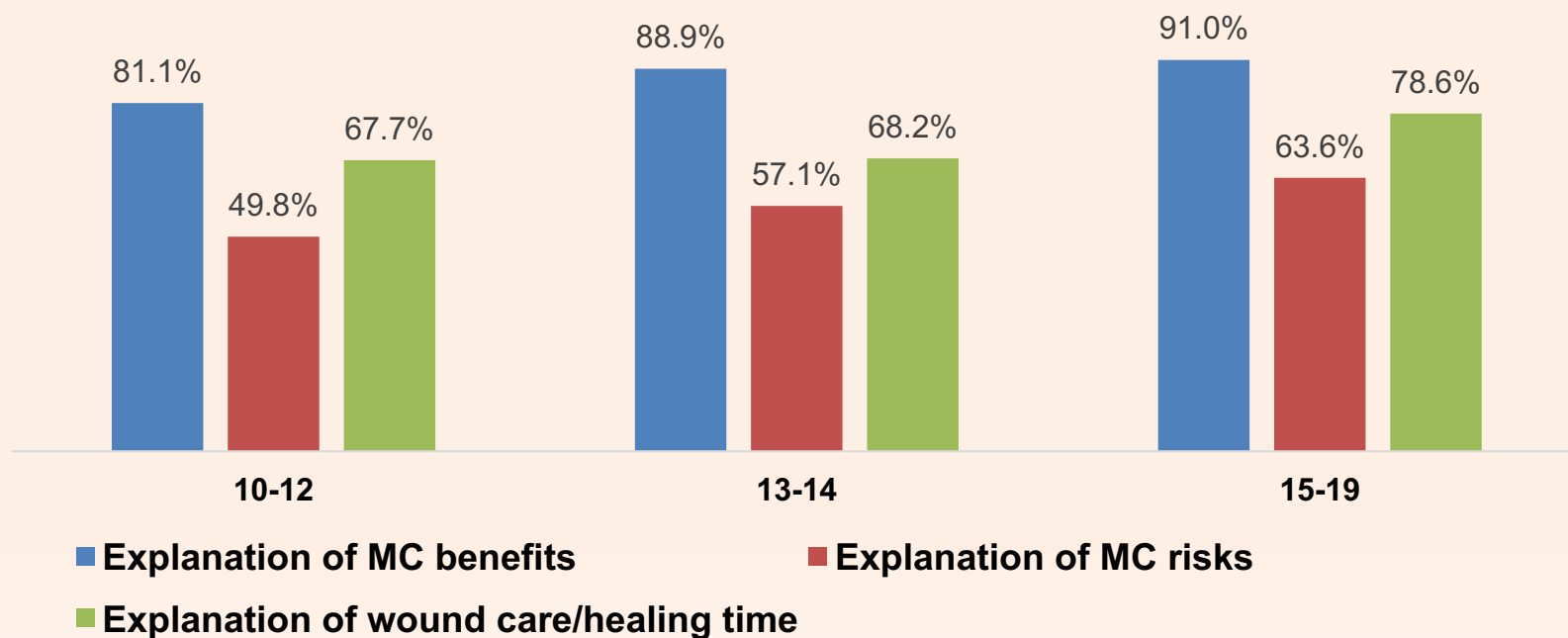
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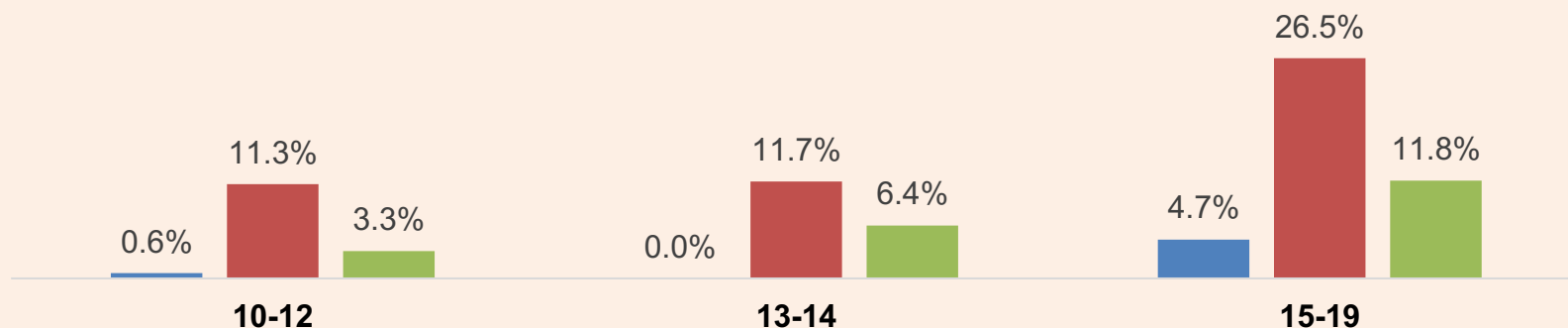


Younger age groups receive less information on VMMC

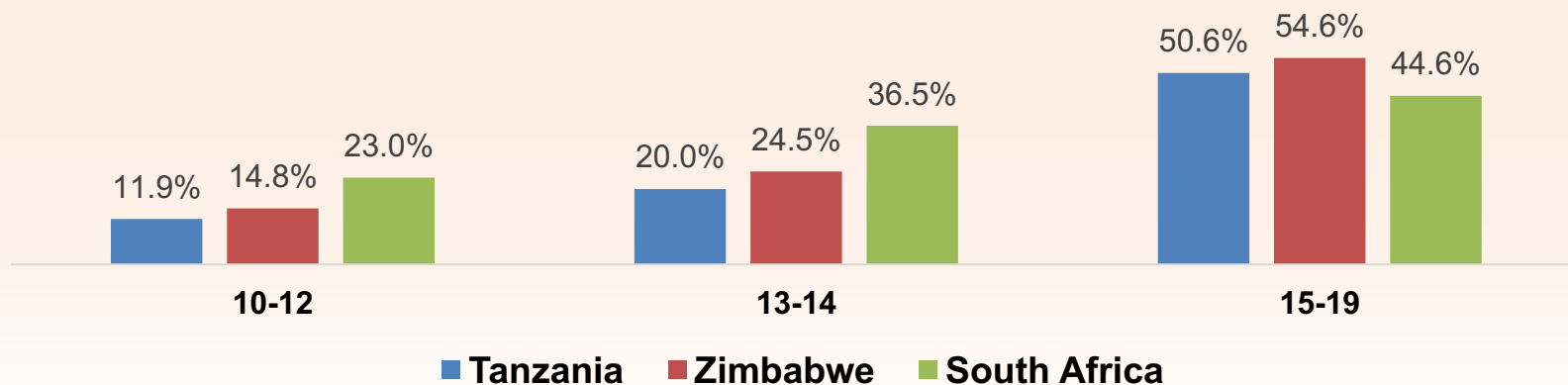


Condom use and distribution is very low in all countries

Condoms offered to take home



Demonstration on how to use a condom



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HIV Testing and Counseling (Quantitative Summary)

- Most adolescents of all age groups were offered HIV testing in all countries.
- Explanation of why HIV testing was important varied between age groups and countries. Highest in South Africa, 5 out of 10 adolescents ages 10-12 (49.2%) in were offered an explanation.
- Encouragement for HIV testing uptake was highest for adolescents 15-19 years.
- Explanation that HIV testing is a choice was low across all age groups.



Evaluation Of Minimum Package Of Services (Self-Report)

Age	Proportion Receiving >5/9 items *	Prevalence Ratio **
10-12	28.9% (179/619)	0.62 (0.51-0.75)
13-14	45.6% (99/217)	0.80 (0.69-0.93)
15-19	58.0% (265/457)	Reference

**Adjusted for country.

Nine Services

Explanation of MC benefits

Explanation of MC risks

Explanation of wound care/healing time

Explanation of why HIV testing is important

Explanation that HIV test is a choice.

Condom offered to take home

Condom demonstration

Offer HIV testing

Encouragement HIV testing uptake

Summary (Minimum Package)

- ❖ Younger adolescents receive less information from minimum package than older adolescents.
- ❖ Limited explanation of testing among youngest adolescents; likewise for comprehensive prevention information
- ❖ Limited understanding of HIV test among adolescents with results often not shared.



COUNSELING OBSERVATIONS



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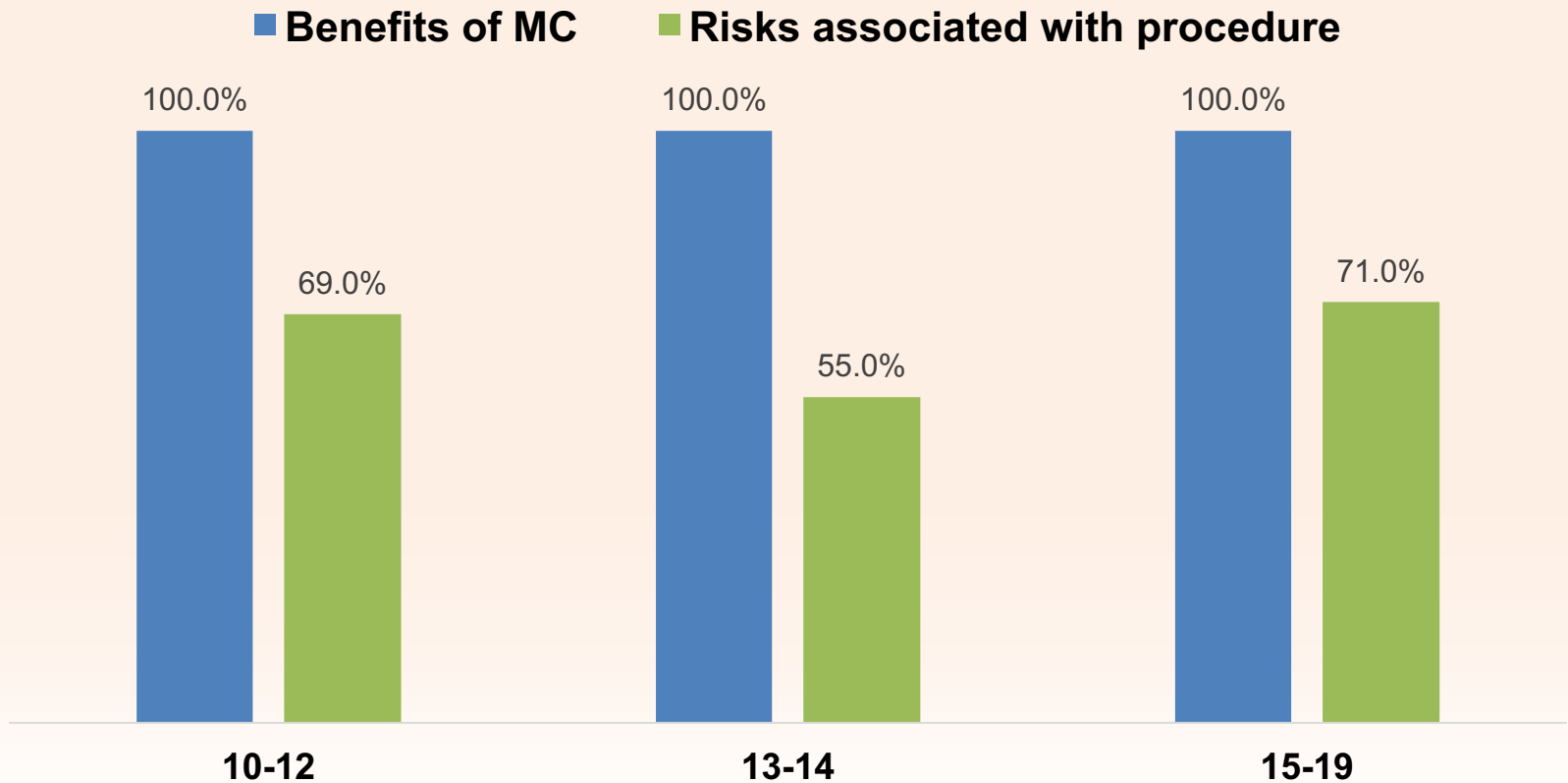


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Counseling Observations (N=44)

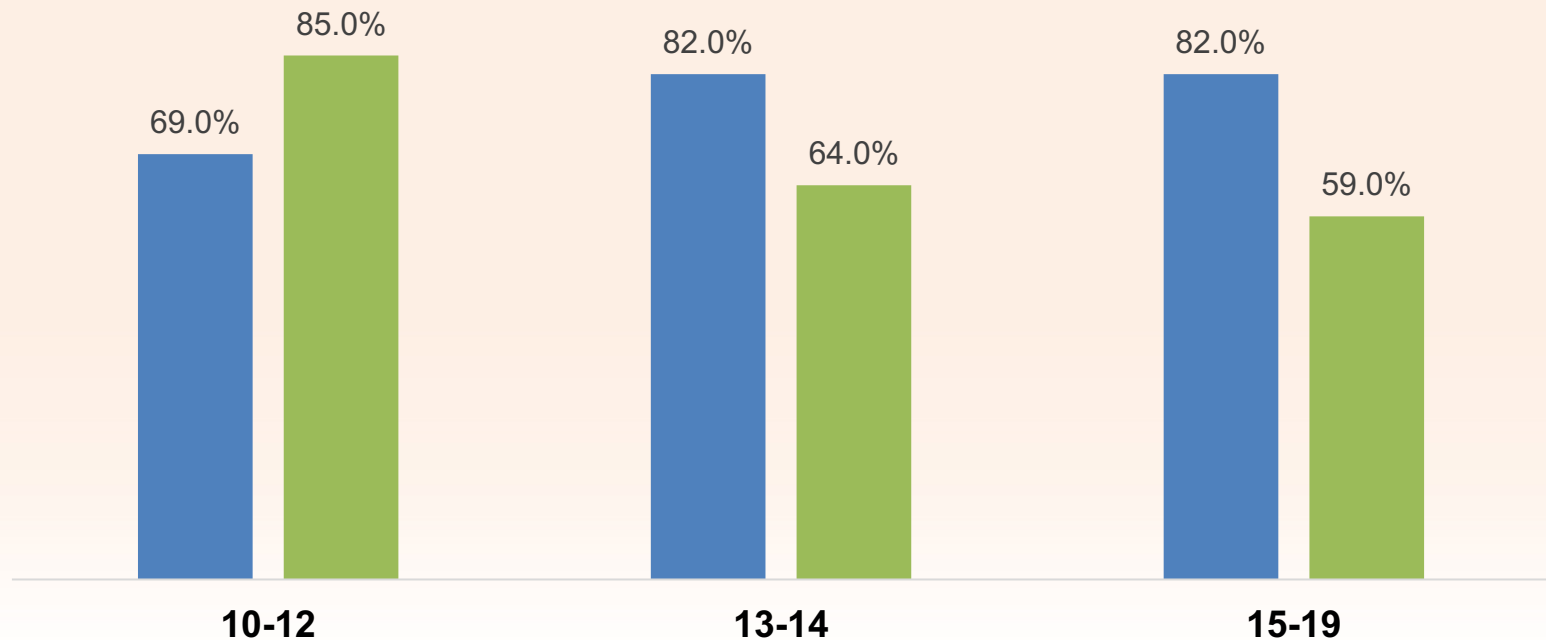
Risk messages were lower compared to benefits



Counseling Observations

HIV testing messages incomplete

- Explained importance of HIV testing
- Adolescent is strongly urged to be tested for HIV but may decline and still undergo procedure



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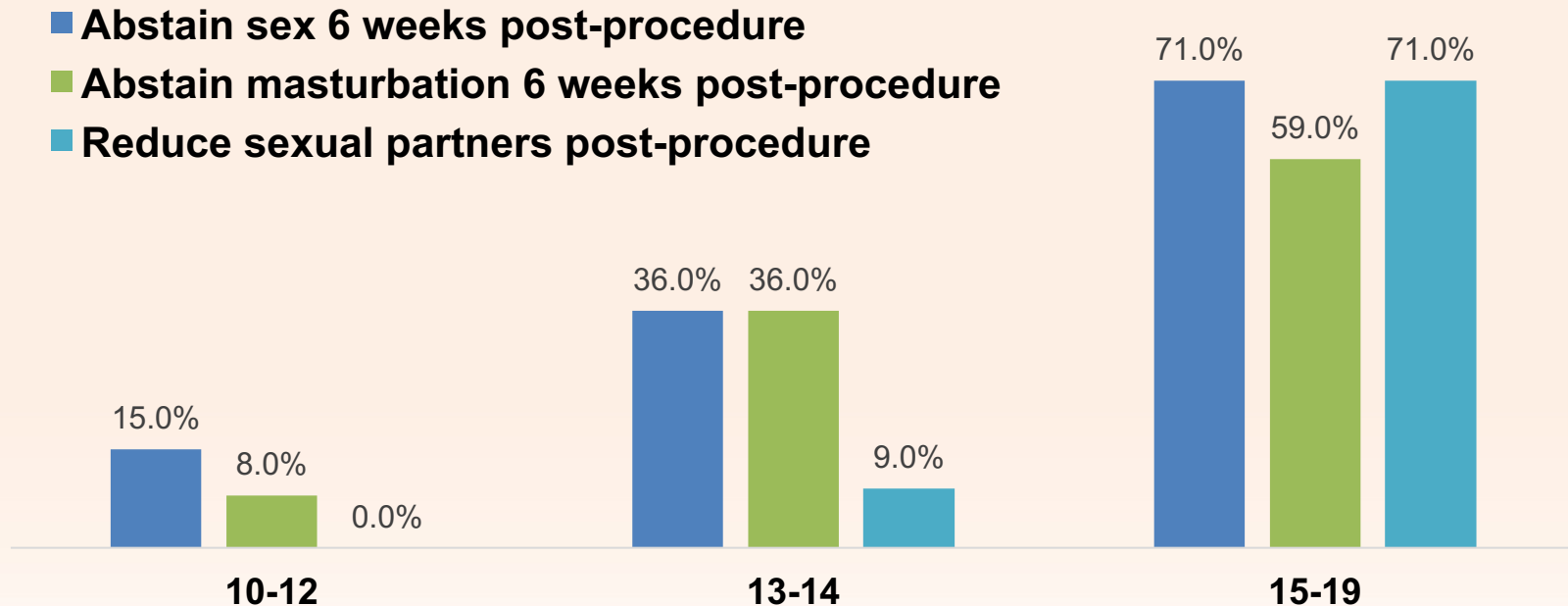
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Counseling Observations

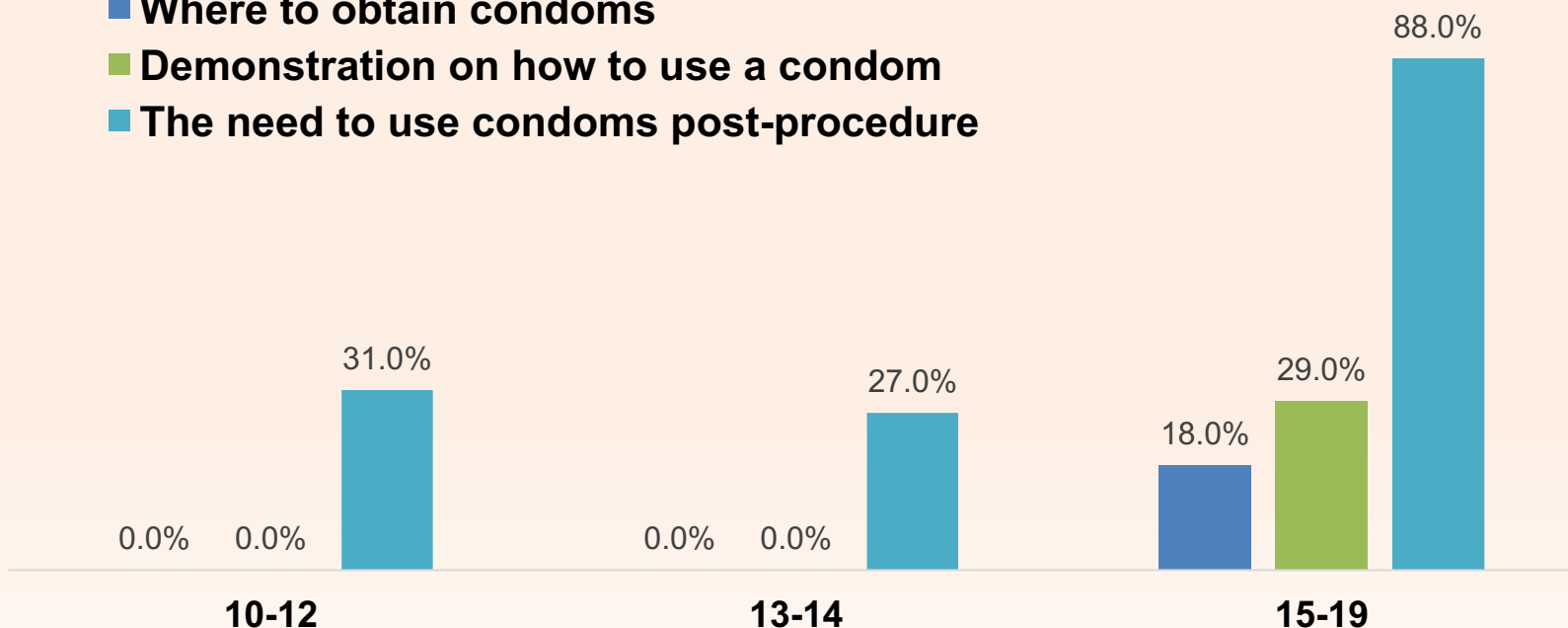
Differences in age groups found among post-procedure counseling and education related to sex



Counseling Observations

Improvement needed across all ages needed for messages related to condoms

- Where to obtain condoms
- Demonstration on how to use a condom
- The need to use condoms post-procedure



Summary (Counseling Observations)

- ❖ Providers focused on the benefits of VMMC without consistently describing the risks.
- ❖ Providers did not clearly explain the optional nature of HIV testing.
- ❖ Providers often did not consistently give information on condom use and sexual health education, especially for younger clients.

PROVIDERS' PERSPECTIVES



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Inconsistencies and Limitations of Current Guidelines and Training

- ❑ Providers discussed limitations of current guidelines and training in how to engage in adolescent-appropriate counseling.
- ❑ Many did not assess an adolescent client's sexual experience in order to gauge appropriate counseling content.
- ❑ Provider inconsistency with HIV infected adolescents
 - Some did not want to circumcise, while others proceeded to avert stigmatization.

Qualitative: Incomplete Information Given to Younger Males

- Providers expressed hesitation in communicating complete information to males under 15 years assumed to have no sexual experience including
 - HIV prevention
 - future sexual partners
 - abstinence from sex or masturbation during wound healing

“From my experience, young males have many problems that I discover during our discussions in the counseling sessions. Therefore, if the provider is trained only in VMMC counseling, he or she will not be able to help the young males in the other problems.”

– Female VMMC counselor, Iringa, Tanzania



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Qualitative: Linkages to HIV care

- Providers in all countries site inadequate training to counsel adolescents who tested HIV positive and linking them to appropriate services
- Providers feel conflicted on how to disclose a positive HIV status to adolescents, whether to wait for parents to come to the site (which may result in delay in treatment)



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*“It was a challenging situation.... these adolescents are brought in from places which are a long distance away. So to consider that the grandmother [of the HIV positive adolescent] has to travel from far away just to be here, eish. **He never came back with his grandmother.** He left feeling very disturbed such that even up to this day that situation fills me with some guilt conscience. The guilt conscience stems from the fact that **you feel you did not give him adequate assistance.**”*

-VMCC Counselor, Mutare, Zimbabwe



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Summary (Providers)

- ❖ Providers expressed a desire for additional training to counsel adolescents.
- ❖ Providers were hesitant to provide sexual health information to boys <15 years old.
- ❖ Providers have additional difficulty handling HIV positive test results for adolescents.

VMMC COUNSELING OUTCOMES



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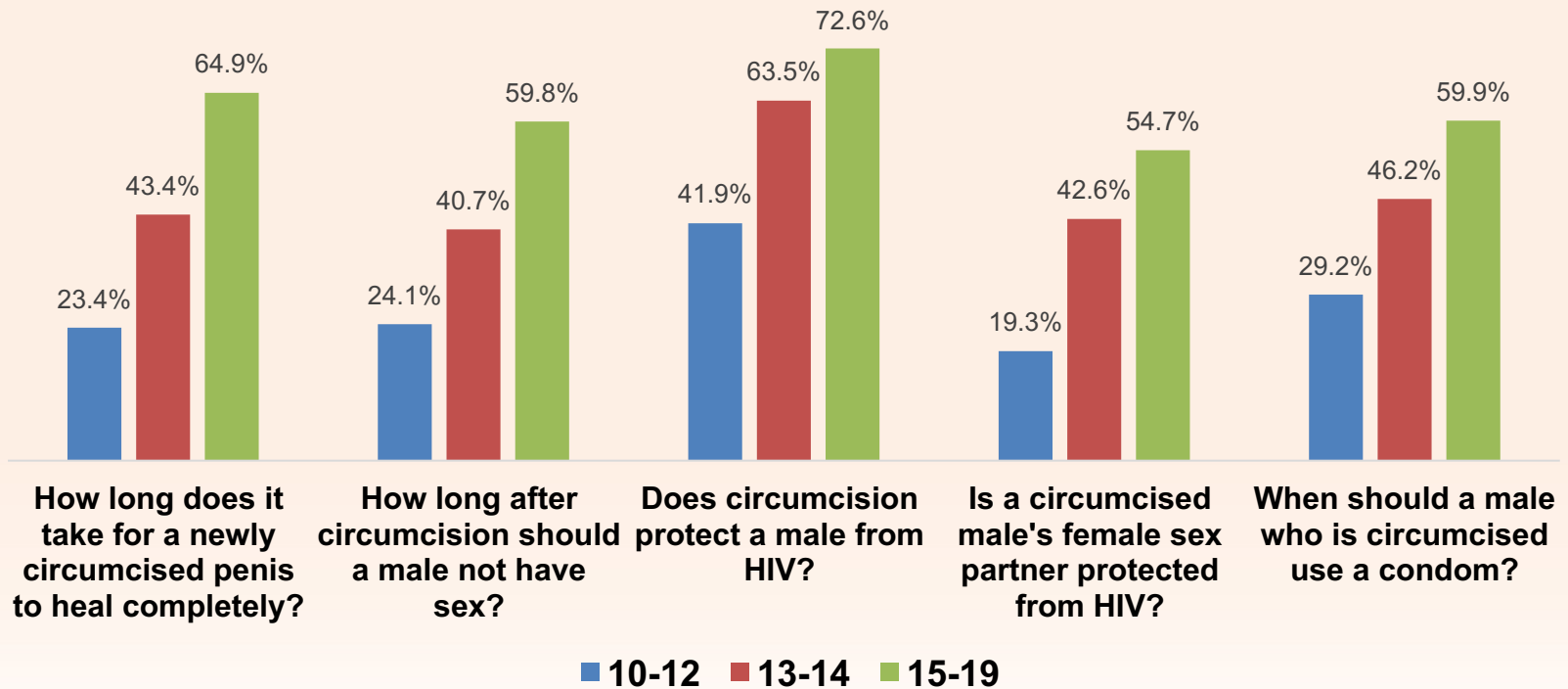


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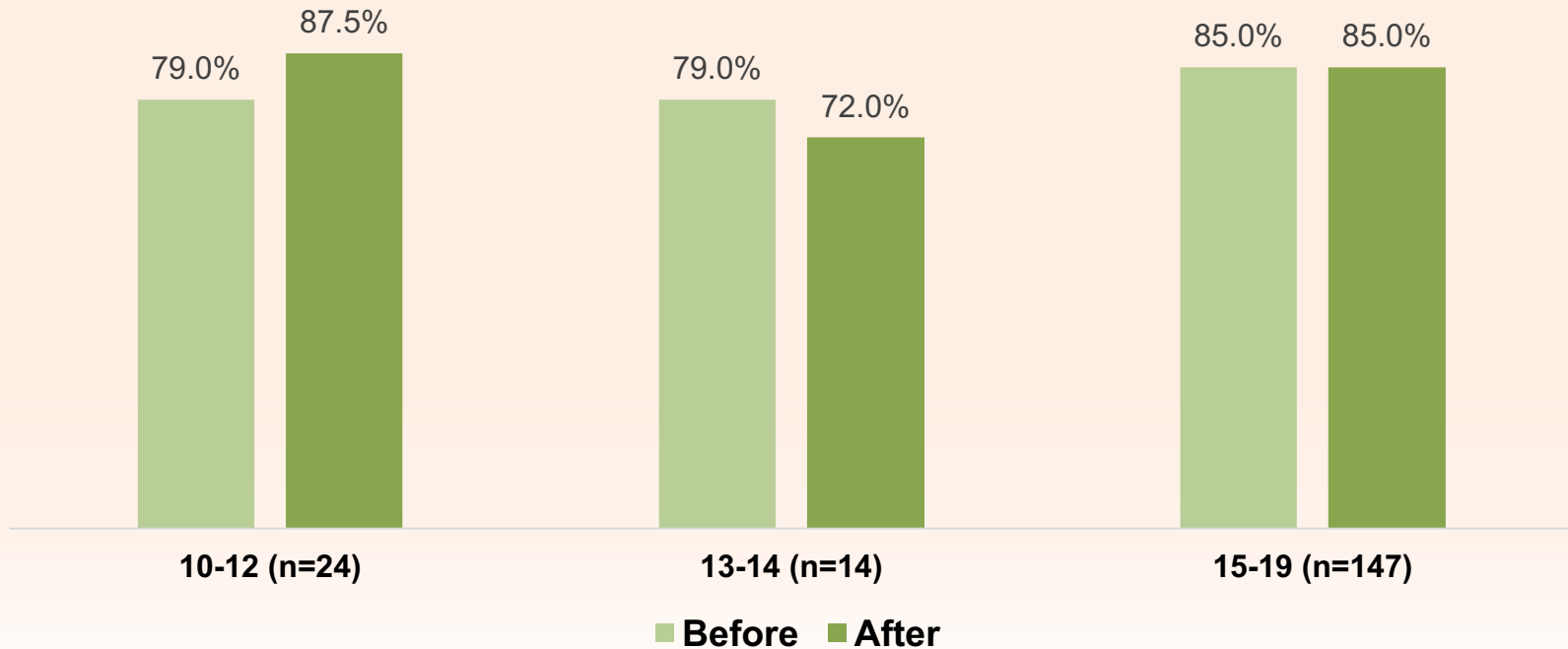
Pre-counseling knowledge of VMMC and HIV is significantly associated with age

Percentage correctly answered: All countries



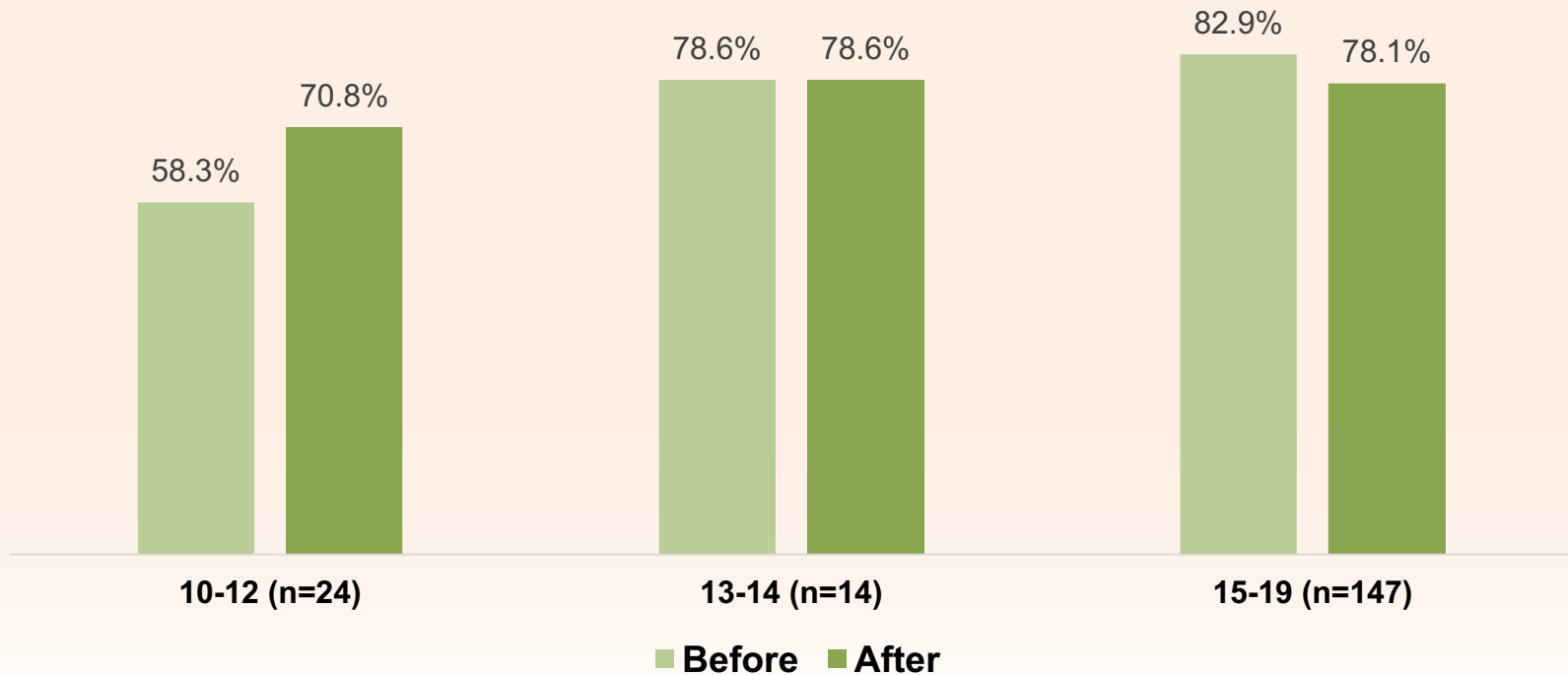
Limited Change in Sexual Intentions Before and After VMMC (Among Sexually Active)

% Agree: You will make sure a condom is used every time you have sex.



Limited Change in Sexual Intentions Before and After VMMC (Among Sexually Active)

% Agree: You will know the HIV status of your partner before having sex.



Summary

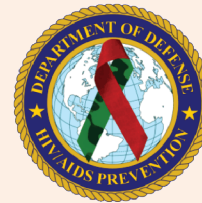
- ❖ Adolescents appear satisfied with current counseling.
- ❖ Benefits of VMMC were explained across all countries
- ❖ Messages on risk, sexual behavior and HIV counseling were associated with age and not consistently provided or retained.
- ❖ Adolescents received messages on importance of HIV testing, and were strongly urged to undergo testing (without option of declining HIV test)
- ❖ Providers using best judgement in counseling, but requested adolescent specific guidelines

Conclusions

- ❖ Need for more age-appropriate approaches to overcome missed opportunities for combination HIV prevention and improve counseling for younger age groups.
 - Providers noted need for additional training in counseling adolescents infected with HIV, how to link them to care, and whether to offer VMMC.
 - VMMC may be more effective in providing complete HIV prevention and care messaging if all adolescents are given age and sexual experience-appropriate information during counseling sessions.
 - Strengthening providers' counseling and communication skills requires guidelines and training to fully address the range of adolescent client needs.



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South Africa

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Knowledge Index

1. How long does it take for a newly circumcised penis to heal completely?
2. How long after circumcision should a male not have sex?
3. How long after circumcision should a male not masturbate/do self-sex?
4. Does circumcision protect a male from HIV? If yes, how much does it protect from HIV?
5. Does a circumcised male's partner receive protection from HIV? If yes, how much does it protect from HIV?
6. When should a male who is circumcised use a condom?



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Change in Knowledge Index

	N	Pre-Test	Post-Test	Wilcoxon-Signed Rank P *
Tanzania				
10-12	353	1 (0-2)	1 (0-2)	0.971
13-14	60	1 (1-2.5)	2 (1-2)	0.427
15-19	85	2 (1-2)	2 (1-4)	0.002
Zimbabwe				
10-12	142	2 (1-3)	4 (2-4)	<0.001
13-14	94	3 (1-4)	4 (3-4)	0.004
15-19	260	4 (3-5)	4 (3-5)	0.001
South Africa				
10-12	123	1 (1-3)	2 (1-4)	<0.001
13-14	63	3 (1-4)	4 (3-5)	0.038
15-19	112	4 (2-5)	5 (3-5)	<0.001